

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031960

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1214

STATE FILE NUMBER

FILED AUG 22 1963

|   |   |  |                                       |
|---|---|--|---------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Greene</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MO.</b> b. COUNTY <b>Greene</b>                                 |                                       |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>SPRINGFIELD</b>   |   | c. CITY OR TOWN <b>SPRINGFIELD</b>   |                                       |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Burge Hospital</b>  |   | d. STREET ADDRESS (If outside, give location)<br><b>2205 Boonville</b>   |                                       |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Harmon</b> Middle <b>I.</b> Last <b>Lewis</b>  |   | 4. DATE OF DEATH<br>Month <b>August</b> Day <b>16</b> Year <b>1963</b>   |                                       |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><b>11/19/1907</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Electric Shop</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Electric Shop</b>  |                                       |
| 11a. FATHER'S NAME<br><b>William Lewis</b>  |   | 11b. MOTHER'S MAIDEN NAME<br><b>Julia Van Zandt</b>  |                                       |
| 12a. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |   | 12b. INFORMANT<br>Address<br><b>Hazel Lewis (Wife) Springfield, Mo.</b>  |                                       |
| 13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Arteriosclerotic coronary thrombosis</b> |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>About 8 1/2 hrs.</b>  |                                       |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                       |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |                                       |
| 20c. TIME OF INJURY<br>Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |  |                                       |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   | 20f. CITY, TOWN, OR LOCATION<br><b>SPRINGFIELD MO.</b>   |                                       |
| 21. I attended the deceased from <b>8-15-63</b> to <b>8/16/63</b> and last saw him alive on <b>8/16/63</b>  |   | 22c. DATE SIGNED<br><b>8-16-63</b>   |                                       |
| 22a. SIGNATURE<br><i>[Signature]</i>  |   | 22b. ADDRESS<br><b>609 Cherry</b>  |                                       |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |   | 23b. DATE<br><b>Aug. 20, 63</b>  |                                       |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>Greenlawn Cemetery</b>   |   | 23d. LOCATION (City, town, or county)<br><b>Springfield, Missouri</b>  |                                       |
| 24. FUNERAL DIRECTOR<br><b>KLINGNER MORTUARY, INC.</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>8-19-63</b>   |                                       |
| 26. REGISTRAR'S SIGNATURE<br><i>[Signature]</i>   |   | 27. ADDRESS<br><b>SPRINGFIELD MO.</b>  |                                       |

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

SEP 20 1963

8-16-63

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Mac Phodis*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

4071

*James J. Ford*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.